

Custodial Quality Contacts Desk Reference Guide

Documentation Directions

Each month the Caseworker will document the following case activity and contacts must be a separate case recording in TFACTS:

- Face to Face Visits with Child/Youth
- Worker/Parent contacts
- Parent Child Visitations
- Home/Placement Visit (may be included in another type of case recording, but location must be "family home";
- Child and Family Team Meeting (CFTM);

Caseworkers will also provide additional documentation within the *Monthly Case Summary* contact type due along with other documentation requirements each month. This note is a "catchall" location for staff to capture all other notes in one place that do not require a compliance count like those listed above.

Topics covered here include:

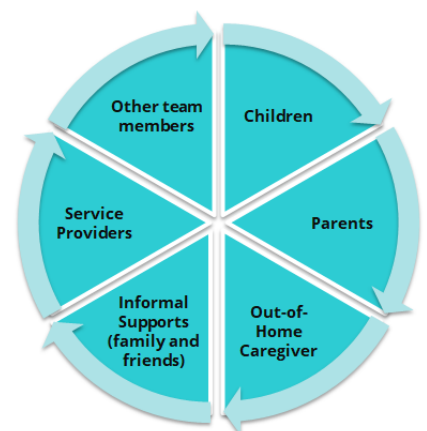
- Contacts with "other" case participants and service providers;
- Service referral information and quality contacts with service providers;
- Notations;
- Emails, phone call, fax and text correspondence;
- Notifications such as to the Juvenile Court, District Attorney or etc.;
- Legal consultations –no details needed.
- Anything else pertinent

Monthly Quality Practice and Documentation Expectations

Who?

Each month the caseworker needs to ensure a comprehensive quality contact with each case member including, but not limited to:

- Each child – including a private contact
- Each biological and legal parent or caregiver
- Relatives and kin- informal supports
- Out-of-home caregivers – safety placement caregivers, kinship caregivers and foster parents
- Service Providers including those arranged by DCS and those pre-existing
- Other team members – attorneys, CASA, church members, teachers, mentors, etc.



How?

Each month the caseworker needs to ensure their efforts to implement all components of the practice wheel occur and are reflected in their documentation.

How the worker **ENGAGES** each case member (above) to:

- Share their story;
- Provide an update on how things are going;
- Participate in assessing what's working and what's not working;
- Developing ideas for solutions to problems;
- Contribute to decision making;



How the worker develops a **TEAM** to ensure case members will be:

- Invited and their schedule considered for attendance at CFTMs;
- Prepared by the worker for teaming touch points such as CFTMs, FCRBs, Court, etc.;
- Engaged in sharing their story, views and ideas for solutions in meetings during meetings;

How the worker **ASSESSES** to ensure:

- Discussion at every contact with ***each case participant*** to gather global assessment;
- Use of Motivational Interviewing skills to elicit global assessment;
- Global Assessment is used to complete the CANS or FAST;
- Other formal assessments, such as psychological and parenting assessments are collected.

How the worker **PLANS** with the team to:

- Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly).
- Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented.
- Develop informal plans to ensure case progress continues.

How the worker **IMPLEMENTS** to ensure:

- Services are put in place that will address areas of concern uncovered by global assessment.
- Communication with service providers ensure shared assessment and progress updates

The worker **TRACKS AND ADJUSTS** to ensure:

- The team works to address areas that are not improving, services that are not working to develop new plans
- Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly.

What?

Safety:

- Safety Concerns
- Home environment
- Domestic Violence
- Foster Family environment
- Group or Residential home environment
- Case Worker's informal assessment, (observations of signs of safety, risk, concerns)



Permanency:

- Assessments, gathering information both formal and informal (only if there has been update in the month)
 - CANS
 - Case Worker Observations, progress in assessments
 - New Mental Health Assessments/Recommendations for parents and children
 - Alcohol and Drug
 - Others assessments/evaluations as plan requires
- Parents, Child progress on Permanency Plan Goals
 - Efforts to engage the child and family in completing recommended assessments and services (this will include phone calls to parents to discuss assessments/follow up.
 - Ensuring that we assess the quality of the services and is the service meet the needs of the family
- Visitation Plan and Progress that occurred during the month
 - Efforts to engage the child and family in quality visitation,
 - preparing them for the visits
 - debriefing after the visits
 - observations by the worker, agency worker, foster family or kinship family
 - if visits didn't occur, explain why
- Sibling Visits –Sibling Separation and why
- Describe efforts to locate and engage parents for the month
- Appropriateness of placement, if placement changed why, is placement meeting child's needs
- CFTM's that occurred during the month
- On- going diligent search efforts
- Other contacts
- Legal Updates -TPR Status-THV status

Well-being:

- Child's Medical Health
- Dental
- Child's Education
- Counseling progress
- Independent Living/Self Esteem/Coping Skills
- Additional information, collateral contacts, records received etc.

In addition to monthly documentation, the following open and closing summary documentation are needed at the beginning and the end of the case.

Opening Summary

- Case Open Reason
- Prior History of the family
- Cultural diversity/identity of the family
- Efforts to engage the family
- Identify the needs of the family
- MSSW Consult Who/When
- Initial Diligent Search and KER completed
- Placement information

The opening summary should be submitted to the immediate supervisor for review and approval

Closing Summary:

- Reason for opening
- Current status of child and family including safety status of child
- Justification for case closure which should include behaviorally specific description of how the family has stabilized and achieved the goals in the original or updated case plan
- Community referrals made by worker to support family after case closure
- Efforts preparing family for closure (counseling, insurance, medication management, education, etc.)
- *For all youth exiting care to independence, an identified plan for self-sufficiency which addresses the nine domains of independent living .Documentation of when the Exit Packet and the Exit Verification letter were provided to the youth is included in the narrative.*

The closing summary should be submitted to the immediate supervisor for review and approval

Supervision

Each month, supervisors should select one case to coach and mentor their staff on for the month. The same case should be reviewed at least 2-3 consecutive months to review for improvements are made.

Quick Documentation Desk Reference Guide Checklist

[illegible]

Team works to address areas that are not improving, services that are not working to develop new plans									
Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly.									
GLOBAL ASSESSMENT (What?)									
Safety Concerns									
Home environment									
Foster Family environment									
Domestic Violence									
Group or Residential home environment									
Case Worker's informal assessment of safety, risk, concerns									
Permanency									
Assessments, gathering information both formal and informal (only if there has been update in the month)									
CANS									
Case Worker Observations, progress in assessments									
New or follow-up on Mental Health Assessments/Recommendations for parents and children									
Alcohol and Drug									
Others assessments/evaluations as plan requires									
Parents, Child progress on Permanency Plan Goals									
Family participation in services									
Quality of services and needed tracking and adjusting									
Visitation Plan and Progress that occurred									
Preparing them for the visits									
Debriefing after the visits									
Observations by person supervising the visit									
If visits didn't occur, explain why									
Sibling Visits –Sibling Separation and why									
Describe efforts to locate and engage parents									
Appropriateness of placement									
CFTM's that occurred during the month									
On- going diligent search efforts									
Other contacts									
Legal Updates -TPR Status-THV status									
Well-being									
Child's Medical Health and counseling progress									
Dental									
Child's Education									
Informal supports, extracurricular activities, hobbies, etc.									
Independent Living/Self Esteem/Coping Skills									
Additional info, collateral contacts, records received etc.									